

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 11/15/01?
- b. The request was received on 02/26/02.

## **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Carrier responded to the 3 day notice on 03/11/02. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 03/12/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 03/14/02. The carrier did not respond to the 14 day letter, but submitted all information on the 3 day response. Based on this information the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

The Requestor is seeking additional reimbursement in the amount of \$217.55 for the date of service 11/05/01.

2. Respondent:

The carrier has denied additional reimbursement in the amount of \$217.55 for 11/05/01 per the submitted EOB as F-"THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS COMPENSATION MEDICAL SCHEDULE."

### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/15/01.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/15/01	E0145-NU	\$495.00	\$217.55	F	DOP	MFG DME (IX)	The carrier denied the additional reimbursement on the submitted EOB as <b>F-MEDICAL FEE SCHEDULE</b> . The carrier did not raise the issue of Fair and Reasonable and the Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement is recommended in the amount of <b>\$217.55</b> .
<b>Totals</b>		\$495.00	\$217.55				The Requestor is entitled to reimbursement in the amount of <b>\$217.55</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$217.55 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of May 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.